| OIPE                     |  |                             |            |                |  |  |   |  |
|--------------------------|--|-----------------------------|------------|----------------|--|--|---|--|
| •                        | PART B - FEE(S) TRANSMITTAL  |                             |            |                |  |  |   |  |
| JAN 1 9 2006             | Complete and send this form, together with applicable fee(s), to; Mail   |                             |            |                | Commissioner  <br>P.O. Box 1450  | Maji Step ISSUE FEE Commissioner for Patents P.O. Box 1456   |   |  |
| TRADEMANAS               |  |                             |            |                | w /671\ <del>9</del> 72_7886   | Alexandria, Virginia 22313-1450<br>(571) 273-4885  |   |  |
|                          | INSTRUCTIONS: This form should be used for transmining the ISUE FEE and FUBLICATION FEE (It required). Blocks I through 5 should be completed appropriate. All further opprepriate including the Patent, advance orders and notification of maintenance fees will be melted to the durant correspondence address will be melted to the durant correspondence address; and/or (b) indicating a separate TEE ADDRESS CURRENT CORRESPONDENCE ADDRESS Offer the place is the place in the place in the place is the place in the place in the place is the place is the place in the place in the place is the place in the place is the place in the place in the place in the place is the place in the place in the place in the place is the place in the place in the place is the place in the place in the place in the place is the place in the pla |                             |            |                |  |  |   |  |
|                          | CURRENT CORRESTONDENCE ADDRESS (Most: Use Block & for any change of address)   |                             |            | )              | Note: A certificate of   | mailing can only be used   | Ry domestic mailings of the                               |  |
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|                          |  |                             |            |                | C  | Certificate of Mailling or Transmission  I horoby cortify that this Foo[s) Transmission is being deposited with the United States Postal Service with sufficient portage for first class multi in an envelope addressed so the Mail Stop ISSUE FEE address above, or being thersimile transmitted to the USPTO (571) 273-2485, on the date tailleated below. |   |  |
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|                          |  |                             |            |                | <u> </u>   | LLane Caldwell   | (Depositor's name)  |  |
|                          |  |                             |            |                | 5012 Janu  |  | Well (Signature)  |  |
|                          | A BRI STA STORY NAC  |                             |            | FIRST NAMED IN |  |  | (Date)  |  |
|                          | Selend set   |                             |            | PURBA BHATT    |  | ATTORNEY DOCKET NO. 71007/137  | CONFIRMATION NO.  |  |
|                          | TITLE OF INVENTION: VACCINE AGAINST GRAM-NEGATIVE BACTERIAL INFECTIONS   |                             |            |                |  |  |   |  |
|                          |  |                             |            |                |  |  |   |  |
|                          | APPLN. TYPE SMALL ENTITY   |                             |            |                |  | _  |   |  |
|                          | nonprovisional   | DOOR FEE                    |            | <del></del>    | PUBLICATION FEE<br>SO  | TOTAL PEE(S) DUE   | DATE DUE  |  |
|                          | EXAM   | EXAMPLER                    |            |                |  | \$1400<br>1  | 01/20/2006  |  |
| •                        | DEVI, SARVAMANGALA J N   |                             | ART UNIT C |                | CLASS-SUBCLASS<br>424-197110   |  |   |  |
| ,                        | 1. Change of correspondence address or indication of "Foc Address" (37 2. For printing on the patent front page, list  |                             |            |                |  |  | ···   |  |
|                          | Change of correspondence address (or Change of Correspondence of agents OR, all  |                             |            |                | of up to 3 registered patent attorneys 1 Elizabeth Arwine licensulvely,  |  |   |  |
|                          |  |                             |            |                |  |  |   |  |
|                          |  |                             |            |                | parties of a single firm (having as a morphor a root attention) or agent) and the names of up to root attention attention and the names of up to root attention attention or agents. If no name is no name will be privided. |  |   |  |
|                          | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |                             |            |                |  |  |   |  |
|                          | PLEASE NOTE: Unless an assignce is identified below, so assignee data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filling as assignment.  |                             |            |                |  |  |   |  |
|                          | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY #4 STATE OR COUNTRY)   |                             |            |                |  |  |   |  |
|                          | United States of America as Represented<br>by the Secretary of the Army  |                             |            |                | U.S.A.   |  |   |  |
|                          | by one detretary of the Army   |                             |            |                |  |  |   |  |
|                          | 4a. The following foc(s) are enclosed:  4b. Provent of Earls):   |                             |            |                |  |  |   |  |
|                          | Publication Fee (No small entity discount permitted)  Payment by credit of   |                             |            |                | amount of the fre(s) is one  |  |   |  |
|                          |  |                             |            |                |  | cerd. Form PTO-2038 is attached.   |   |  |
|                          | App Advance Order - # of Copies 10  XXX The Director is hereby sushorized by charge the required foc(s), or credit say overpayment, to Deposit Account Number 21 mil 380 (confices an extra copy of this form).  5. Change in Entity Status (from status indicated above)  |                             |            |                |  |  |   |  |
|                          | G e. Applicent chrims SMALL ENTITY status. Sec 37 CFR 1.27.  |                             |            |                |  |  |   |  |
| :                        | The Director of the USPTO is requested to apply the Issue Foe and Publication Fee (if any) or to re-capty any proviously said issue fee to the application identified above.  NOTE: The Issue Foe and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered atterney or agent; or the assignce or other party in interest as shown by the records of the United Susper Patent and Tradentark Office.   |                             |            |                |  |  |   |  |
|                          | Authorized Signaturo Elizabeth Armene  |                             |            |                | 19 January 2006  |  |   |  |
|                          | Typed or printed same ELIZABETH ARWINE Registration No. 45,867   |                             |            |                |  |  |   |  |
|                          | This collection of information is required by 37 CPR 1.311, The information is required to obtain or remain a heateful by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 mannies to complete, including galacting, preparing, and substitute processing application from the user of the processing processing applications for reducing this form another suggestions for reducing this backet, should be sent to the full full full formation College, U.S. Paison and Trademark Office, U.S. Department of Countries of Complete Dromation College, U.S. Paison and Trademark Office, U.S. Department of Countries of Cou |                             |            |                |  |  |   |  |
| - 1                      | TOL-85 (Rov. 07/05) Appro  | ved for use through 04/30/2 |            | OMB 0651-003   | _  | mark Office; U.S. DEPARTA  |   |  |
| 01 FC:1501<br>02 FC:8001 | 1400.00 DA<br>30.00 DA   |                             |            |                |  |  | <b>\</b>  |  |
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